



Hammond Park
705 Hammond Drive
Sandy Springs, GA 30328

Change of the Class FORM

Current Class:

Current Program Name _____ Instructor _____

Day of the class _____ Time of the class _____ Class Fee \$ _____

Change to:

Program Name _____ Instructor _____

Day of the class _____ Time of the class _____ Class Fee \$ _____

Participant's Name _____ **Age** _____

Parent's Name _____ **Phone # ()** _____

Email _____ **Zip** _____

Date of change _____

Balance to pay \$ _____

Participant or Parent/Guardian Signature _____